County: St. Croix PARK VIEW HOME, INC.

220 LOCKWOOD STREET, P.O. BOX 265

| WOODVILLE 54028 Phone: (715) 698-2451         |     | Ownershi p:                       | Non-Profit Corporation |
|---|-----|-----------------------------------|------------------------|
| Operated from 1/1 To 12/31 Days of Operation: | 365 | Highest Level License:            | Skilled                |
| Operate in Conjunction with Hospital?         | No  | Operate in Conjunction with CBRF? | No                     |
| Number of Beds Set Up and Staffed (12/31/01): | 56  | Title 18 (Medicare) Certified?    | Yes                    |
| Total Licensed Bed Capacity (12/31/01):       | 57  | Title 19 (Medicaid) Certified?    | Yes                    |
| Number of Residents on 12/31/01:              | 54  | Average Daily Census:             | 51                     |

| Services Provided to Non-Residents |       | Age, Sex, and Primary Diagn | osis of | Residents (12/3 | 31/01)   | Length of Stay (12/31/01) | %            |
|------------------------------------|-------|-----------------------------|---------|-----------------|----------|---------------------------|--------------|
| Home Health Care                   | No    | Primary Diagnosis           | %       | Age Groups      | %        | Less Than 1 Year          | 25. 9        |
| Supp. Home Care-Personal Care      | No    |                             |         |                 |          | 1 - 4 Years               | <b>50.</b> 0 |
| Supp. Home Care-Household Services | No    | Developmental Disabilities  | 0. 0    | Under 65        | 1.9      | More Than 4 Years         | 24. 1        |
| Day Services                       | No    | Mental Illness (Org./Psy)   | 25. 9   | 65 - 74         | 13. 0    |                           |              |
| Respite Care                       | Yes   | Mental Illness (Other)      | 1. 9    | 75 - 84         | 27. 8    |                           | 100. 0       |
| Adult Day Care                     | No    | Alcohol & Other Drug Abuse  | 0. 0    | 85 - 94         | 50. 0    | *********                 | *****        |
| Adult Day Health Care              | No    | Para-, Quadra-, Hemi plegic | 0.0     | 95 & 0ver       | 7. 4     | Full-Time Equivaler       | nt           |
| Congregate Meals                   | Yes   | Cancer                      | 3. 7    | İ               |          | Nursing Staff per 100 Re  | esi dents    |
| Home Delivered Meals               | No    | Fractures                   | 0. 0    |                 | 100.0    | (12/31/01)                |              |
| Other Meals                        | No    | Cardi ovascul ar            | 31. 5   | 65 & 0ver       | 98. 1    |                           |              |
| Transportati on                    | Yes   | Cerebrovascul ar            | 13. 0   |                 |          | RNs                       | 6. 0         |
| Referral Service                   | No    | Di abetes                   | 7.4     | Sex             | %        | LPNs                      | 2. 2         |
| Other Services                     | No    | Respi ratory                | 5. 6    |                 | Ì        | Nursing Assistants,       |              |
| Provi de Day Programming for       |       | Other Medical Conditions    | 11. 1   | Male            | 31.5     | Aides, & Orderlies        | 38. 3        |
| Mentally Ill                       | No    |                             |         | Female          | 68. 5    |                           |              |
| Provi de Day Programming for       | j     |                             | 100.0   |                 | j        |                           |              |
| Developmentally Disabled           | No    |                             |         |                 | 100. 0   |                           |              |
| ******************                 | ***** | **********                  | *****   | *******         | ******** | *******                   | *****        |

## Method of Reimbursement

|                    |      | Medicare<br>Title 18 |                      |     | edicaid<br>itle 19 |                      |     | 0ther |                      |     | Pri vate<br>Pay | :                    |     | amily<br>Care |                      |     | anaged<br>Care |                      |                          |                 |
|--------------------|------|----------------------|----------------------|-----|--------------------|----------------------|-----|-------|----------------------|-----|-----------------|----------------------|-----|---------------|----------------------|-----|----------------|----------------------|--------------------------|-----------------|
| Level of Care      | No.  | %                    | Per<br>Di em<br>(\$) | No. | %                  | Per<br>Di em<br>(\$) | No. | %     | Per<br>Di em<br>(\$) | No. | %               | Per<br>Di em<br>(\$) | No. | %             | Per<br>Di em<br>(\$) | No. | %              | Per<br>Di em<br>(\$) | Total<br>Resi -<br>dents | %<br>0f<br>Al l |
| Int. Skilled Care  | 0    | 0. 0                 | 0                    | 2   | 5. 9               | 91                   | 0   | 0. 0  | 0                    | 0   | 0. 0            | 0                    | 0   | 0. 0          | 0                    | 0   | 0. 0           | 0                    | 2                        | 3. 7            |
| Skilled Care       | 1    | 100.0                | 311                  | 29  | 85. 3              | 79                   | 0   | 0.0   | 0                    | 16  | 84. 2           | 110                  | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 46                       | 85. 2           |
| Intermedi ate      |      |                      |                      | 3   | 8.8                | 67                   | 0   | 0.0   | 0                    | 3   | 15.8            | 105                  | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 6                        | 11. 1           |
| Limited Care       |      |                      |                      | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 0                        | 0. 0            |
| Personal Care      |      |                      |                      | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 0                        | 0. 0            |
| Residential Care   |      |                      |                      | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 0                        | 0.0             |
| Dev. Di sabl ed    |      |                      |                      | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 0                        | 0. 0            |
| Traumatic Brain In | j 0  | 0.0                  | 0                    | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 0                        | 0. 0            |
| Ventilator-Depende | nt 0 | 0.0                  | 0                    | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 0                        | 0. 0            |
| Total              | 1    | 100.0                |                      | 34  | 100.0              |                      | 0   | 0.0   |                      | 19  | 100.0           |                      | 0   | 0.0           |                      | 0   | 0.0            |                      | <b>54</b>                | 100. 0          |

County: St. Croix PARK VIEW HOME, INC.

| Admissions, Discharges, and    |       | Percent Distribution  | of Residents' | Condi ti ons | , Services, an    | d Activities as of 12 | 2/31/01    |
|--------------------------------|-------|-----------------------|---------------|--------------|-------------------|-----------------------|------------|
| Deaths During Reporting Period | Į.    | [                     |               |              |                   |                       |            |
|                                |       |                       |               |              | edi ng            |                       | Total      |
| Percent Admissions from:       |       | Activities of         | %             | Assi st      | ance of           | % Totally             | Number of  |
| Private Home/No Home Health    | 34. 8 | Daily Living (ADL)    | Independent   | One Or       | Two Staff         | Dependent             | Resi dents |
| Private Home/With Home Health  | 13. 0 | Bathi ng              | <b>0</b> . 0  | 7            | 9. 6              | 20. 4                 | 54         |
| Other Nursing Homes            | 0.0   | Dressi ng             | 18. 5         | 6            | 3. 0              | 18. 5                 | 54         |
| Acute Care Hospitals           | 52. 2 | Transferring          | 40. 7         | 4            | 0. 7              | 18. 5                 | 54         |
| Psych. HospMR/DD Facilities    | 0.0   | Toilet Use            | 33. 3         | 5            | 1. 9              | 14. 8                 | 54         |
| Rehabilitation Hospitals       | 0.0   | Eating                | 74. 1         | 1            | 3. 0              | 13. 0                 | 54         |
| Other Locations                | 0.0   | **********            | ******        | ******       | ******            | *******               | ******     |
| Total Number of Admissions     | 46    | Continence            |               | % Sp         | ecial Treatment   | ts                    | %          |
| Percent Discharges To:         |       | Indwelling Or Externa | l Catheter    |              | Receiving Respi   |                       | 11. 1      |
| Private Home/No Home Health    | 45. 5 | Occ/Freq. Incontinent |               |              | Recei vi ng Tracl |                       | 0. 0       |
| Private Home/With Home Health  | 31. 8 | 0cc/Freq. Incontinent |               |              | Recei vi ng Sucti |                       | 0. 0       |
| Other Nursing Homes            | 4. 5  |                       |               |              | Receiving Ostor   |                       | 5. 6       |
| Acute Care Hospitals           | 4. 5  | Mobility              |               |              | Receiving Tube    |                       | 0. 0       |
| Psych. Hosp MR/DD Facilities   | 0. 0  | Physically Restrained |               |              |                   | anically Altered Diet |            |
| Rehabilitation Hospitals       | 0. 0  | This carry need armea |               |              | weed ving need    | anicari, meerea 21ee  | .5 00.0    |
| Other Locations                | 0. 0  | Skin Care             |               | 0±           | her Resident C    | haracteri sti cs      |            |
| Deaths                         | 13. 6 | With Pressure Sores   |               |              | Have Advance Di   |                       | 94. 4      |
| Total Number of Discharges     | 10.0  | With Rashes           |               |              | di cati ons       | 110001 (05            | V 1. 1     |
| (Including Deaths)             | 44    |                       |               |              |                   | hoactive Drugs        | 72. 2      |
| -                              |       | •                     |               |              |                   | •                     |            |

\* Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

| ***************************************              |                  |   |       |              |                         |              |                          |                |        |  |
|--|------------------|---|-------|--------------|-------------------------|--------------|--------------------------|----------------|--------|--|
|  | This<br>Facility | Ownershi p:<br>Nonprofi t<br>Peer Group |       | 50           | Si ze:<br>- 99<br>Group | Ski          | ensure:<br>lled<br>Group | Al l<br>Faci l | ities  |  |
|  | % Ratio          |   | Ratio | %            | % Ratio                 |              | % Ratio                  |                | Rati o |  |
|  | 00.0             | 00.4                                    | 0.00  | 05.1         | 1.04                    | 04.0         | 1 05                     | 04.0           | 1.04   |  |
| Occupancy Rate: Average Daily Census/Licensed Beds   | 88. 2            | 89. 4                                   | 0. 99 | 85. 1        | 1. 04                   | 84. 3        | 1. 05                    | 84. 6          | 1. 04  |  |
| Current Residents from In-County                     | 70. 4            | 82. 7                                   | 0. 85 | 80. 0        | 0. 88                   | 82. 7        | 0. 85                    | 77. 0          | 0. 91  |  |
| Admissions from In-County, Still Residing            | 21. 7            | 25. 4                                   | 0. 86 | 20. 9        | 1. 04                   | 21. 6        | 1. 01                    | 20. 8          | 1. 04  |  |
| Admissions/Average Daily Census                      | 90. 2            | 117. 0                                  | 0. 77 | 144. 6       | 0. 62                   | 137. 9       | 0. 65                    | 128. 9         | 0. 70  |  |
| Discharges/Average Daily Census                      | <b>86</b> . 3    | 116.8                                   | 0. 74 | 144. 8       | 0. 60                   | 139. 0       | 0. 62                    | 130. 0         | 0. 66  |  |
| Discharges To Private Residence/Average Daily Census | <b>66</b> . 7    | <b>42</b> . 1                           | 1. 58 | 60. 4        | 1. 10                   | <b>55. 2</b> | 1. 21                    | <b>52.</b> 8   | 1. 26  |  |
| Residents Receiving Skilled Care                     | 88. 9            | 93. 4                                   | 0. 95 | 90. 5        | 0. 98                   | 91.8         | 0. 97                    | <b>85</b> . 3  | 1. 04  |  |
| Residents Aged 65 and Older                          | 98. 1            | 96. 2                                   | 1. 02 | 94. 7        | 1. 04                   | 92. 5        | 1.06                     | 87. 5          | 1. 12  |  |
| Title 19 (Medicaid) Funded Residents                 | 63. 0            | <b>57.</b> 0                            | 1. 10 | <b>58.</b> 0 | 1. 09                   | 64. 3        | 0. 98                    | 68. 7          | 0. 92  |  |
| Private Pay Funded Residents                         | 35. 2            | 35. 6                                   | 0. 99 | 32. 0        | 1. 10                   | 25. 6        | 1. 38                    | 22. 0          | 1. 60  |  |
| Developmentally Disabled Residents                   | 0. 0             | 0. 6                                    | 0.00  | 0. 9         | 0.00                    | 1. 2         | 0.00                     | 7. 6           | 0.00   |  |
| Mentally Ill Residents                               | 27. 8            | 37. 4                                   | 0. 74 | 33. 8        | 0. 82                   | 37. 4        | 0.74                     | 33. 8          | 0. 82  |  |
| General Medical Service Residents                    | 11. 1            | 21.4                                    | 0. 52 | 18. 3        | 0. 61                   | 21. 2        | 0. 52                    | 19. 4          | 0. 57  |  |
| Impaired ADL (Mean)                                  | 42. 2            | 51. 7                                   | 0. 82 | 48. 1        | 0. 88                   | 49. 6        | 0. 85                    | 49. 3          | 0. 86  |  |
| Psychological Problems                               | 72. 2            | 52. 8                                   | 1. 37 | 51. 0        | 1. 42                   | 54. 1        | 1. 34                    | 51. 9          | 1. 39  |  |
| Nursing Care Required (Mean)                         | 6. 7             | 6. 4                                    | 1. 05 | 6. 0         | 1. 11                   | 6. 5         | 1. 03                    | 7. 3           | 0. 91  |  |
| nuising our nequired (mean)                          | J. 1             | J. <del>1</del>                         | 1.00  | 0. 0         | 1, 11                   | 0. 0         | 1.00                     | 7.5            | 0.01   |  |